Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Santa Clara Family Health

Submitted by

Delmarva Foundation

October 2005

California Department of Health Services

Delmarva Foundation

Improving Healthcare in the Communities We Serve.

Table of Contents

2005 Annual Review: Santa Clara Family Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Santa Clara Family Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Santa Clara Family Health Plan performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Santa Clara Family Health Plan's (SCFHP) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS),version 3.0H, is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Division of Health Plan Oversight Medical Audits – conducted by the Department of Managed Health Care (DMHC) Division of Health Plan Oversight to assess compliance with State regulations.

Background on Santa Clara Family Health Plan

SCFHP is a full service, not for profit health plan contracted in Santa Clara County as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since December 20, 1996. As of July 2003, SCFHP's total Medi-Cal enrollment was 67,759 members.

During the HEDIS reporting year of 2004, Santa Clara Family Health Plan collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by Santa Clara Family Health Plan, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom Santa Clara Family Health Plan provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, SCFHP submitted the following for review:

- Adolescents Well Care Visits
- Management of Appropriate Medications for People with Asthma
- Initial Health Assessment
- Immunization Collaborative

The health plan systems review for SCFHP reflects findings assessed by DMHC. This review was conducted June 26-28, 2001. This process includes document review, verification studies, and interviews with SCFHP staff.

These activities assess compliance in the following areas:

- Utilization Management
- Access, Availability and Continuity of Care
- Grievances System
- Quality Assurance Program

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from October 2000 – March 2001, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by SCFHP.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report. The table below shows the aggregate results obtained by SCFHP.

Table 1. 2004 HEDIS Quality Measure Results for Santa Clara Family Health Plan

HEDIS Measure	2004 SCFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status-Combo 1	67.1%	64.7%	61.8%
Breast Cancer Screening	69.6%	53.1%	55.8%
Cervical Cancer Screening	68.4%	60.8%	63.8%
Chlamydia Screening in Women	34.9%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	61.6%	61.0%	64.2%

SCFHP exceeded the Medi-Cal managed care average for four HEDIS measures and fell below the Medi-Cal managed care average for one HEDIS measure. The "Use of Appropriate Medications for People with Asthma" measure result for SCFHP exceeded the Medi-Cal managed care average although it fell below the National Medicaid HEDIS average. SCFHP"s HEDIS results were more favorable compared to the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of SCFHP enrollees regarding their satisfaction with care. Also surveyed was a subset of the SCFHP childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the SCFHP population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for Santa Clara Family Health Plan

CAHPS Measure	Population	2004 SCFHP Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	68%	69%
	Child	76%	77%
	CSHCN	73%	N/A
	Non-CSHCN	81%	N/A
How Well Doctors Communicate	Adult	56%	51%
	Child	48%	52%
	CSHCN	53%	N/A
	Non-CSHCN	51%	N/A

CAHPS data reveals that the perception of getting needed care is less favorable for adults as compared to children although both rates fell slightly below the Medi-Cal average. Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The importance of this finding is that CSHCN populations are likely to be more medically vulnerable thus satisfaction with the ability to obtain needed care may avert the receipt of care at secondary or tertiary locations of care.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that SCFHP members perceive that there are opportunities for improvement in practitioner communication. Although the adult rate for this measure exceeded the Medi-Cal managed care average by several percentage points (51% versus 51%), the child rate fell several percentage points below the Medi-Cal average.. The finding that parents of the CSHCN population have a different rate of satisfaction with communication as parents of Medi-Cal children (53% versus 48%) leads to the belief that practitioners may slightly differentiate in their communication style between the two groups. While it is important that the practitioner network improve communication skills among for all populations, it is noteworthy that the satisfaction for this population is greater than that of the Medi-Cal population. The CSHCN population is likely more medically vulnerable than the general Medi-Cal population therefore it is important that this population be able to feel that their practitioners communicate well. Good communication enhances the likelihood members will understand the treatment plan.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), SCFHP used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted SCFHP's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by SCFHP can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by SCFHP.

Adolescent Health Collaborative

- Relevance:
  - Adolescents (members between 12 – 21 years old) comprise 21% (15,223) of SCFHP's Medi-Cal Managed Care membership. SCFHP's adolescent members are not accessing their primary care physicians for annual well care visits.
- Goals:
  - Increase the number of adolescent well care visits.
- Best Interventions:
  - Pay for Performance project developed and implemented to reward providers for improving preventive and chronic care services.
  - Pediatric Health guidelines updated and disseminated to all PCPs.
  - Educational campaign implemented to promote the importance of annual adolescent well care.
  - Recruitment of providers as "adolescent champions" to help market opportunities for improvement to providers "peer-to-peer".
  - Fifteen students from one high school spent a week at SCFHP learning about how health insurance affects adolescent health.
- Outcomes:
  - SCFHP documented minimal improvement in adolescent well care visit rates from 1999 to 2003. Rates were as follows:
  - 1999: 31.48%
  - 2000: 32.64%
  - 2001: 33.80%
  - 2003: 33.56%
- Attributes/Barriers to Outcomes:
  - Barrier: Encounter data submission by providers was low.
  - Barrier: Providers were not using the American Academy of Pediatrics (AAP) periodicity schedule for preventive care.
  - Barrier: Providers were uncomfortable seeing adolescents.
  - Barrier: Providers did not document all components of a well care visit.

Management of Appropriate Medications for People with Asthma

- Relevance:
  - Asthma is the most frequent non-pregnancy related admission diagnosis for all SCFHP members and asthma medications are among the most frequently prescribed for SCFHP's members.

- Goals:
  - Increase the use of appropriate medications for SCFHP members with asthma including beta agonist.
- Best Interventions:
  - Hired an Asthma Care Manager.
  - Offered an asthma care management educational seminar to providers.
  - Initiated a telephonic Asthma Disease Management Program.
  - Offered bi-lingual educational classes for members with asthma.
- Outcomes:
  - SCFHP documented improvement in the overall use of appropriate asthma medication. The rate of use of beta agonists did not improve. Rates were as follows:

Appropriate Medications:

- 2000: 51.6%
- 2001: 64.04%
- 2002: 59%
- 2003: 62%

Beta Agonist:

2001: 19.2%
2002: 17%
2003: 19%

- Attributes/Barriers to Outcomes:
  - Poor data quality related to members with missing or incorrect contact information.
  - Members referred who are no longer eligible with SCHFP.
  - Greater member frequency of needing prescription refills.

Initial Health Assessment (IHA)

- Relevance:
  - Many of SCFHP's members have not received health care from a PCP or had regular access to health care. SCFHP believes the incidence of debilitating and common conditions can be alleviated with the introduction of clinical preventive care to members via IHAs.
- Goals:
  - All newly enrolled SCFHP members ages 2 years and older will receive an IHA with a provider within 120 days of enrollment.
- Best Interventions:
  - Information provided to providers regarding scheduling member IHAs.
  - Instituted new member orientation for new enrollees in multiple languages.
  - Conducted 120-day validation audit.
  - Information about IHA published in the member newsletter.
  - SCFHP IHA Workgroup organized with representation from various SCFHP departments to oversee initiatives focusing on IHA compliance.
- Outcomes:
  - SCFHP documented improvement in member IHA compliance. Rates were as follows:

- 1998: 31%
- 2000: 38%
- 2001" 43%
- 2002: 37%
- 2003: 43%

➢ Attributes/Barriers to Outcomes:

- Barrier: Providers fail to perform preventive services as recommended.
- Barrier: Providers are uncertain which services should be offered in the IHA.
- Barrier: Providers have insufficient time with members to provide preventive/IHA services.
- Barrier: Members speak multiple languages.

Immunization Collaborative

➢ Relevance:

- Recognition of the need for timely immunizations for children.

➢ Goals:

- Continued improvement and focused activities to increase the immunization rate.

➢ Best Interventions:

- Identified providers accounting for high volumes of childhood immunizations.
- Established working relationships with immunization registries.
- Established collaborative relationship with other MCOs.
- Site review nurse used to disseminate educational materials to providers.

➢ Outcomes:

- SCFHP documented improvement in timely immunization for child's combo 2 rates as demonstrated below:
  - ❖ 2000: 53.6%
  - ❖ 2001: 60.4%
  - ❖ 2003: 65.7%

➢ Attributes/Barriers to Outcomes:

- Barrier: Lost data analyst position.
- Barrier: Limited immunization staff to perform staff and provider training.
- Barrier: Providers lack computer hardware and Internet access.
- Barrier: Incorrect data to identify members in MCO.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- SCFHP

QIP Activity	Indicator	Baseline	Re-measurement			
			#1	#2	#3	#4
Adolescent Well Care Visits	Increase the percentage of members who have a well care visit with a PCP	1999 31.48%	2000 32.64%	2001 33.80%	2003 33.56%	
Management of Appropriate Medications for People with Asthma (combined rate)	Increase the use of appropriate medications for SCFHP members with asthma	2000 51.6%	2001 1. 64%	2002 1. 59%	2003 62%	
	Decrease the use of beta agonist to treat asthma	2001 19.16%	2002 17%	2003 19%	NA	
Initial Health Assessments	Increase the number of new members for whom an initial health assessment is completed within 120 days	1998 31%	2000 38%	2001 43%	2002 37%	2003 43%
Immunization Collaborative	Increase in HEDIS Combo 1 rate (Includes 4 DtaP; 3 OPV/IMV; 1 MMR; 2 HIB; 3 Hepatitis B; 1 Varicella)	2000 54%	2001 63.7%	2002 63.7% (administrative data only)	2003 67.1%	
	Increase in HEDIS Combo 2 rate (Includes all the above except Varicella)	2000 53.6%	2001 60.4%	(Reported administrative data only)	2003 65.7%	

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DHMC. Within the health plan oversight component of the quality review, the following review requirements were identified by DMHC as in need of improvement:

- Quality Management Review Requirements
  - QA Program Oversight
  - QIP Development
  - Clinical Practice Guidelines
  - Quality of Care Issues
  - Oversight of Delegated Functions
- Grievance and Appeals
  - Complaint, Grievance and Appeal Documentation
  - Grievance Procedures

To address these opportunities, DMHC conducted oversight of SCFHP's corrective action process. SCFHP implemented recommendations related to Quality Management Review Requirements to address identified opportunities for improvement.

Summary of Quality

In summary, SCFHP demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measures. Two rates are calculated for this measure,; Timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Santa Clara Family Health Plan

HEDIS Measure	2004 SCFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	81.6%	75.7%	76.0%
Postpartum Check-up Following Delivery	58.4%	55.7%	55.2%

SCFHP scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results pertaining to access demonstrate that this is an area of strength for SCFHP.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5. 2004 CAHPS Access Measure Results for Santa Clara Family Health Plan

CAHPS Measure	Population	2004 SCFHP Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	36%	35%
	Child	36%	38%
	CSHCN	38%	N/A
	Non-CSHCN	39%	N/A

Findings from 2004 indicate that SCFHP scored slightly above the Medi-Cal managed care average for adults and slightly below the Medi-Cal average for children. However of greater importance is the fact that children with chronic care needs (CSHCN) have slightly less satisfaction with access than SCFHP's non-CSHCN child population. When considered with the CAHPS quality assessment for getting care when needed, one can

deduce that the CSHCN population is equally satisfied with their ability to access routine and urgent care. However the data indicate opportunities for improvement in access for all populations served.

Quality Improvement Projects

Santa Clara Family Health Plan quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: Attributes/Barriers to Outcomes.

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DHMC. This audit covered health plan activity from 2001 and encompassed a compliance review considering requirements which represent proxy measures for access. The following review requirements were identified by DMHC as in need of improvement:

- Availability and Access
  - Access To Primary Medical Care
  - Access To Specialists/Ancillary Providers
  - Access To Emergency Services
  - Continuity of Care Policy
  -

To address these opportunities, DMHC conducted oversight of SCFHP's corrective action process. SCFHP implemented recommendations related to Access Review Requirements to correct identified opportunities.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access; SCFHP has addressed the areas related to availability and access that were identified for improvement during the Health Plan Oversight Review. SCFHP corrected each of these issues and came into compliance with the access standards required by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Santa Clara Family Health Plan

HEDIS Measure	2004 SCFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	47.8%	48.7%	45.3%
Adolescent Well-Care Visits	33.6%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	100.0%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	N/A	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life" measure and the "Adolescent Well-Care Visits" measure fell slightly below the Medi-Cal managed care average. The "Well Child Visits in the First 15 Months of Life" measure exceeded the National Medicaid HEDIS average (47.8% versus 45.3%). It is important to note that the "Adolescent Well-Care Visits" rate for SCFHP was very close to reaching the Medi-Cal managed care average (33.6% versus 33.9%). When looking at this data compared to the HEDIS childhood immunization results for SCFHP, it is of interest that the immunization rate is higher than the average/s and the "Well Child Visits in the First 15 Months of Life" measure is lower than the average. Since the childhood immunization rates are higher, one would think that the well child rate may be higher as well, yet this is not the case. These results may indicate opportunities for improvement in the area of timeliness.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7. 2004 CAHPS Timeliness Measure Results for Santa Clara Family Health Plan

CAHPS Measure	Population	2004 SCFHP Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	56%	54%
	Child	48%	53%
	CSHCN	54%	N/A
	Non-CSHCN	51%	N/A
Health Plan's Customer Service	Adult	61%	70%
	Child	77%	73%
	CSHCN	69%	N/A
	Non-CSHCN	76%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. SCFHP adult members find office staff more helpful when compared to the general Medi-Cal population. However the child rate for this measure is below the Medi-Cal average. The importance of this finding is that if staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care.

It is noteworthy that parents of children with chronic care needs find office staff slightly more courteous and helpful than general Medi-Cal enrollees. This is important as the CSHCN population often requires more guidance from office staff in order to avoid crisis care management. Thus while customer service within office practices is in need of improvement for all populations, it is positive that the CSHCN population expresses higher satisfaction than the general Medi-Cal population. This finding may promote the more medically vulnerable CSHCN population to more readily seek care.

SCFHP's customer service is perceived as more helpful than the office-based practices. This finding may be indicative of a need for further investigation by the Plan. If this finding is replicated after some investigation, SCFHP may want to consider some training for office-based staff. Since health plans staff appear to reasonably satisfy members, it may be advisable to have the health plan customer service staff participate in the training.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs**.** Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. SCFHP used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. SCFHP acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Health Plan Oversight Review Findings

Delmarva's review of DMHC's plan survey activity from 2001 evidenced that the review requirements monitored reflect adequate proxy measures for timeliness. The following review requirements were identified by DMHC as in need of improvement:

- Utilization Management
  - Adverse Determinations Documentation.

To address these opportunities, DMHC conducted oversight of SCFHP's corrective action process. SCFHP implemented recommendations related to Timeliness Review Requirements to correct identified opportunities.

Summary for Timeliness

Timeliness barriers are often identified as access issues. SCFHP addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, SCFHP demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of SCFHP management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- SCFHP scored above the Medi-Cal and national Medicaid average for childhood immunizations, breast cancer and cervical cancer screening.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by re-assessment for improvement.

Access:

- SCFHP scored above the Medi-Cal average and the Medicaid average for the timeliness of prenatal care and postpartum checkups after delivery.
- Adult members and parents of childhood members' perception of "Getting Care Quickly" is better than the Medi-Cal average for both populations.

Timeliness:

- SCFHP scored better than the Medi-Cal average for well care visits in the first 15 months of life.
- SCFHP's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward achieving the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members' perceptions of their "ability to get care" is impacted by the perception of how well doctors communicate.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report

References:

California Department of Health Care Services, Medi-Cal Program. (2003). *External QualityReview Organization Contract- Delmarva Foundation for Medical Care, Inc., Exhibit A, Attachment I- Detailed Scope of Work, 03-75611.*

California Department of Health Services, Medical Care Statistics Section. (2004, August). *Interim Managed Care Annual Statistical Report.* Retrieved November 18, 2004, from California Department of Health Services website: www.dhs.ca.gov/mcss/PublishedReports/annual/managed_care/mcannual04/04report.htm

California Department of Health Care Services, Medi-Cal Program. (2004, December). *Medical Services Provider Manual, Part 1- Medi-Cal Program and Eligibility, Medi-Cal Program Description.* Retrieved November 1, 2004, from California Department of Health Services website: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/00medi-cal_z00.doc

Centers for Medicare and Medicaid Services (CMS). (2002, June). *Final Rule: Medicaid Managed Care; 42 CFR Part 400, et.al. Subpart D- Quality Assessment and Performance Improvement.* Retrieved December 9, 2004, from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/f4289.pdf

Centers for Medicare and Medicaid Services (CMS). (2003, January). *Final Rule: External Quality Review of Managed Care Organizations and Prepaid Inpatient Health Plans; 42 CFR Part 438.300 et.al.* Retrieved November 1, 2004 from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/eqr12403.pdf

Institute of Medicine (IOM), Committee on the National Quality Report on Health Care Delivery, Board on Health Care Services. (2001). *Envisioning the National Health Care Quality Report.* Retrieved February 24, 2005, from the National Academies Press website: http://www.nap.edu/html/envisioning/ch2.htm

National Committee for Quality Assurance (NCQA). (2003). *Standards and Guidelines for the Accreditation of MCOs.*